

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213520155			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Livingston International Technology Services Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>F1263617</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 45025 AVIATION DRIVE STE 200</p> <p style="text-align: center;">CITY/ST/ZIP: DULLES, VA 20166</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN D. HENDERSON  TITLE: VICE PRESIDENT  ADDRESS: 45025 AVIATION DRIVE  STE 200  CITY/ST/ZIP/CO: DULLES, VA 20166 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN D. HENDERSON TITLE: VICE PRESIDENT ADDRESS: 45025 AVIATION DRIVE STE 200 CITY/ST/ZIP/CO: DULLES, VA 20166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER LUIT PRESIDENT 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW GOODMAN VICE PRESIDENT 20700 Civic Center Drive Floor 05 SOUTHFIELD, MI 48076-4140	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE JOSEPH VICE PRESIDENT 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ANDRU VICE PRESIDENT 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD KAY VICE PRESIDENT 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARA VOPINI VICE PRESIDENT 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER LUIT SECRETARY 405 THE WEST MALL, SUITE 400 TORONTO, ON M9C 5K7, , CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHRISTOPHER MCMULLEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER MCMULLEN, CFO PRINTED NAME AND CORPORATE TITLE	4/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			